

SEND CLAIMS TO:

FSA Claims Processing
 NORTH AMERICA ADMINISTRATORS, L.P.
 P. O. Box 1984
 Nashville, TN 37202
 PHONE: 615-256-3561 or 800-411-3650, ext. 115
 FAX: 615-255-6654, ATTN: Flex Claims
 EMAIL: claims@naa-lp.com

naa

North America
Administrators

CITY OF MURRAY Flexible Spending Account Claim Form

PERSONAL INFORMATION

| | |
|-----------------|----------------|
| Employee Name : | Email: |
| Employee SSN : | Phone: |
| Street Address: | City/State/Zip |

☐ Check if Address Change ☐ Check if Name Change

HEALTH CARE EXPENSES

| Patient Name | Relationship | Date of Service | Type of Service | Requested Amount |
|---------------|--------------|-----------------|-----------------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| Total: | | | | |

For Dependent Care, you may choose one of the following: 1. Fill out all items in the Dependent Care Expenses Section and attach a receipt of your payment; or, 2. Fill in your dependent's name, age, date of service and the requested amount, and have your provider fill out the Affidavit of Dependent Care Provider.

DEPENDENT CARE EXPENSES

| Dependent Name | Age | Date of Service | Requested Amount |
|----------------|-----|------------------------------|------------------|
| | | From To | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| Total: | | | |

AFFIDAVIT OF DEPENDENT CARE PROVIDER

| | | |
|---|-------------------------|---------------|
| I have provided adult/child care for _____, age _____, for the period beginning _____ | | |
| And ending _____. Services were provided by _____ for a fee of \$_____. | | |
| _____ Signature of Provider | _____ Tax ID# or SSN | _____ Date |

EMPLOYEE CERTIFICATIONS:

_____ I am covered under an insurance plan (group or individual) or an employer-sponsored employee benefits plan. My Explanation of Benefits (EOB) forms are enclosed.

_____ I have no insurance coverage for the attached expense(s). I have attached itemized bills and paid receipts.

I hereby certify that my request for reimbursement applies to claims for legitimate expenses incurred on the dates noted. I will not request reimbursement for these expenses from any other plan, and I will not claim these expenses on my income tax return to the extent I am reimbursed from my Spending Account.

SIGNATURE: _____ **DATE:** _____

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Essentially, the Internal Revenue Service set up FSAs as a means to provide a tax break to employees and their employers. As an employee, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state, or local income taxes — effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each year can be reduced significantly, depending on your tax bracket. And, as a result of the personal tax savings you realize, your spendable income will increase.

The example below illustrates how a flexible spending account can save you money.

Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,300 for daycare next year, they decide to direct a total of \$5,300 into their FSAs.

| | Without FSAs | With FSAs |
|---|--------------|----------------|
| Gross income: | \$30,000 | \$30,000 |
| FSA contributions: | 0 | -5,300 |
| Gross income: | 30,000 | 24,700 |
| Estimated taxes: | | |
| Federal | -2,550* | -1,755* |
| State | -900** | -741** |
| FICA | -2,295 | -1,890 |
| After-tax earnings: | 24,255 | 20,314 |
| Eligible out-of-pocket medical and dependent care expenses: | -5,300 | 0 |
| Remaining spendable income: | \$18,955 | \$20,314 |
| Spendable income increase: | | \$1,359 |

*Assumes standard deductions and four exemptions.

**Varies, assume 3%.

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

Flexible Spending Accounts

The Health Reimbursement FSA lets you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, copayments, or other out-of-pocket medical expenses can instead be placed in the Health Reimbursement FSA pre-tax, to pay for these expenses. **NOTE: Effective 1/1/2013, the annual maximum an employee may elect to deduct pre-tax is \$2,500. The annual maximum allowed by your employer may be less than this amount.**

Eligible Expenses

Eligible health care expenses for the Health Reimbursement FSA include more than just your deductible and copayments. Generally, any medically necessary health care expense that you can deduct on your tax return is considered an eligible expense. Some examples include:

- ✓ Hearing services, including hearing aids and batteries
- ✓ Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- ✓ Dental services and orthodontia
- ✓ Chiropractic services
- ✓ Acupuncture
- ✓ Prescription contraceptives

For more information about eligible medical expenses, please refer to the *IRS Publication 502, Medical and Dental Expenses* available at <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

Dependent Care FSA

The Dependent Care FSA lets you use pre-tax dollars towards qualified dependent care. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

If you elect to contribute to the Dependent Care FSA, you may be reimbursed for:

- ✓ The cost of child or adult dependent care
- ✓ The cost for an individual to provide care either in or out of your house
- ✓ Nursery schools and preschools (excluding kindergarten)

Eligible Expenses

In order for dependent care services to be eligible, they must be for the care of a tax dependent child under age 13 who lives with you, or a tax

dependent parent, spouse, or child who lives with you and is incapable of caring for himself or herself. The care must be needed so that you and your spouse (if applicable) can go to work. Care must be given during normal working hours — Saturday night babysitting does not qualify — and cannot be provided by another of your dependents.

Is the FSA Program Right for Me?

Flexible Spending Accounts are beneficial for anyone who has out-of-pocket medical, dental, vision, hearing, or dependent care expenses beyond what his or her insurance plan covers.

It's easy to determine if a FSA will save you money. At enrollment time, you will need to determine your annual election amount. Estimate the expenses that you know will occur during the year. These include out-of-pocket expenses for yourself and anyone claimed as a dependent on your taxes. If you had \$100 or more in recurring or predictable expenses,

the accounts can help you stretch your dollars.

How Do the Accounts Work?

If you decide to enroll in one or both of the accounts, your contributions are taken out of each paycheck — before taxes — in equal installments throughout the year. These dollars are then placed into your FSA. When you have an eligible health care or dependent care expense, you must submit a claim form along with an itemized receipt to be reimbursed from your account.

The Health Care Reimbursement FSA will reimburse you for the full amount of your annual election (less any reimbursement already received), at any time during the plan year, **regardless of the amount actually in your account.**

The Dependent Care FSA will only reimburse you for the amount that is in your account at the time you make a claim.

Important: Use it or Lose It!

If you decide to contribute to the Health Care Reimbursement FSA or the Dependent Care FSA, you must carefully determine your annual election amount and your spending during the plan year. According to IRS regulations, the money you set aside must be used for expenses incurred during the plan year in which you make the election. Any funds left in the account at the end of the year will be forfeited.

Flexible Spending Account Example Ineligible Medical Expenses

A Health Care Reimbursement Flexible Spending Account lets you pay for medical care expenses not covered by your insurance plan with pre-tax dollars. The Internal Revenue Service defines medical care expenses as amounts paid for the diagnosis, cure, or treatment of a disease, and for treatments affecting any part or function of the body.

The items listed below are examples of products and services that are NOT eligible for reimbursement under a Health Care Reimbursement FSA, according to the IRS. Typically, expenses for items that promote general health are not eligible expenses. Please note that this list is not all-inclusive, and is subject to change.

- | | | |
|--------------------------------|---|--|
| ✓ Babysitting and Child Care | ✓ Hair Transplant | ✓ Prescription Drug Discount Program |
| ✓ Breast Pumps* | ✓ Health Club Dues | ✓ Premiums |
| ✓ Calcium Supplements | ✓ Treatment Program (at a health club)* | ✓ Retin A* |
| ✓ Canceled Appointment Fees | ✓ Herbs and Herbal Medicines | ✓ Rogaine* |
| ✓ Contact Lens Insurance | ✓ Illegal Operation or Treatment | ✓ Special Foods (cost difference of common product)* |
| ✓ Cosmetic Surgery/Procedures | ✓ Insurance Premium | ✓ Student Health Fee |
| ✓ Custom Clip-on Sunglasses | ✓ Interest Charge | ✓ Swimming Lessons |
| ✓ Dancing Lessons | ✓ Insurance Premiums | ✓ Tattoo Removal |
| ✓ Diaper Service | ✓ Lamaze Class | ✓ Teeth Whitening/Bleaching |
| ✓ Discounted Fees (Write-offs) | ✓ Marriage Counseling | ✓ Toiletries, Toothpaste, etc. |
| ✓ Electrolysis | ✓ Massage Therapy** | ✓ Varicose Vein Treatment |
| ✓ Exercise Equipment* | ✓ Maternity Clothes | ✓ Vision Discount Program |
| ✓ Eyeglass Insurance | ✓ Personal Trainer | ✓ Premiums |
| ✓ Fitness Programs | ✓ Pre-natal Vitamins (over-the-counter) | ✓ Vitamins |

* Eligible only with doctor's certification identifying the medical condition and length of treatment program.

**Eligible only with doctor's certification identifying the physical nature of the medical condition and the length of treatment program. Massage therapy for the sole purpose of tension or stress relief (even with a doctor's statement) does not qualify as an eligible medical expense.

HEALTH FSA COVERED EXPENSES

The products and services listed below are examples of medical expenses eligible for payment under a Health FSA to the extent that such services are not covered by your medical and dental and/or vision insurance plan. This list is not all-inclusive. Additional expenses may qualify, and the items listed below are subject to change in accordance with IRS regulations.

***NOTE: OTC drugs and medicines (other than insulin) require a written prescription. Effective 1/1/2013, the annual maximum an employee may elect to deduct pre-tax is \$2,500. The annual maximum allowed by your employer may be less than this amount.**

Dental Services

- Crowns/Bridges
- Dental X-rays
- Dentures
- Exams/Teeth Cleaning
- Extractions
- Fillings
- Gum Treatment
- Oral Surgery
- Orthodontia/Braces

Insurance Related Items

- Copay Amounts
- Deductibles
- Pre-existing Condition Expenses (medical)
- Private Hospital Room Differential

Lab Exams/Tests

- Blood Tests
- Cardiographs
- Diagnostic
- Laboratory Fees
- Metabolism Tests
- Spinal Fluid Tests
- Urine/Stool Analyses
- X-rays

Medications

- Insulin
- Prescribed Birth Control
- Prescribed Vitamins (to treat specific disease and not available over-the-counter)
- Prescription Drugs
- **Over-the-Counter Drugs**

Obstetric Services

- Midwife Expenses
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Post-natal Treatment/Pre-natal Treatment (excludes over-the-counter vitamins)

- Pre-natal vitamins (prescription only)

Practitioners

- Allergist
- Chiropractor
- Christian Science
- Dermatologist
- Homeopath
- Naturopath
- Osteopath
- Physician
- Psychiatrist
- Psychologist

Other Medical Treatments or Procedures

- Acupuncture
- Alcoholism (inpatient treatment)
- Cosmetic Surgery (if medically necessary)
- Drug Addiction
- Hearing Exams
- Hospital Services
- Infertility
- In-vitro Fertilization
- Norplant Insertion or Removal
- Patterning Exercises
- Physical Examination (if not employment related)
- Physical Therapy
- Pregnancy Test (over-the-counter)
- Rolfing
- Smoking Cessation Programs
- Speech Therapy
- Sterilization
- Transplants (including organ donor)
- Treatment for Handicapped
- Vaccinations/Immunizations
- Vasectomy
- Well Baby Care

Other Medical Equipment, Supplies, and Services

- Abdominal/Back Supports
- **Allergy Medication (over-the-counter)**
- Ambulance Services
- **Antacids (over-the-counter)**
- Arches/Orthopedic Shoes
- **Cold Medications (over-the-counter)**
- Contraceptives
- Counseling
- Crutches
- Guide Dog (for visually/hearing impaired person)
- Hearing Aids and Batteries
- Hospital Bed
- Learning Disability (special school/teacher)
- Medic Alert Bracelet or Necklace
- Mileage to/from Physician Visit at \$.12 per mile
- Oxygen Equipment
- **Pain Relievers (over-the-counter)**
- Prosthesis
- Splints/Casts
- Support Hose (if medically necessary)
- Syringes
- Transportation Expenses (essential to medical care)
- Tuition Fee at Special School for Disabled Child
- Wheelchair
- Wigs (hair loss due to disease)

Vision Services

- Contact Lenses
- Contact Lens Solution
- Eye Examinations
- Eyeglasses
- Laser Eye Surgeries
- Ophthalmologist
- Optometrist
- Prescription Sunglasses
- Radial Kerotomy